

January 13, 2014

PROVIDER NO 17E596

Ms. Sacara Brooks, Administrator
Brighton Place West
331 SW Oakley
Topeka, KS 66606-1914

LICENSURE AND CERTIFICATION LIFE SAFETY CODE SURVEY -- RESULTS OF SURVEY

On January 9, 2014, a Life Safety Code survey was completed at your facility by the the State Fire Marshal's Office (SFMO) to determine if your facility was in compliance with Federal requirements for nursing homes participating in the Medicare and/or Medicaid programs. This survey found the most serious deficiencies in your facility to be an "F" level deficiencies, widespread, with no harm with potential for more than minimal harm that is not immediate jeopardy.

All references to regulatory requirements contained in this letter are found in Title 42, Code of Federal Regulations.

Plan of Correction (POC)

An acceptable plan of correction for the deficiencies was required to have been submitted to the State Fire Marshal's Office within ten calendar days. You were previously provided the Form CMS-2567.

Your plan of correction must contain the following:

- Address how corrective action will be accomplished for those residents found to have been affected by the deficient practice.
- Address how the facility will identify other residents having the potential to be affected by the same deficient practice.
- Address what measures will be put in place or systemic changes made to ensure that the deficient practice will not recur.
- Indicate how the facility plans to monitor its performance to make sure that solutions are sustained: (the facility must develop a plan for ensuring that correction is achieved and sustained) and,
- Include the dates corrective action was completed.

Remedies

Based on the deficiencies cited during your Life Safety Code survey and in accordance with sections 1819(h) and 1919(h) of the Social Security Act and 42 Code of Federal Regulations 488.417(b), your facility will be subject to the following remedies:

Denial of payment for new Medicare/Medicaid admissions effective April 9, 2014, if substantial compliance is not achieved by that time.

Termination of your provider agreement effective July 9, 2014, if substantial compliance is not achieved by that time.

NOTE: The above remedies are subject to change if substantial compliance is not achieved following subsequent visits per CMS Revisit Policy dated May 3, 2001.

If you disagree with this action, you have the right to appeal the actions by requesting a fair hearing in accordance with K.A.R. 30-7-64 et seq. Your written request for a fair hearing should be mailed to or otherwise delivered so that it is received by the **Department of Administration, Office of Administrative Hearings, 1020 S. Kansas Ave., Topeka, KS 66612-1311** within 60 days from the date of this letter. Failure to request or pursue a fair hearing appeal in a timely manner may adversely affect your rights.

Allegation of Compliance

Failure to achieve substantial compliance in accordance with your allegation of compliance may result in the imposition of a civil money penalty, retroactive to the survey exit date. These remedies may continue until substantial compliance is achieved or your provider agreement is terminated.

If your facility has not achieved substantial compliance, we will recommend that the remedies previously mentioned in this letter be imposed by KDADS.

Informal Dispute Resolution (IDR)

In accordance with CFR 488.331, you have one opportunity to question cited deficiencies through an IDR process. You may also contest scope and severity assessments for deficiencies which resulted in a finding of immediate jeopardy. To be given such an opportunity, you are required to send your written request, along with the specific deficiencies being disputed, and an explanation of why you are disputing those deficiencies (or why you are disputing the scope and severity assessments of deficiencies which have been found to constitute immediate jeopardy) to:

Brenda McNorton, Director of Fire Prevention Division
Office of the State Fire Marshal
700 SW Jackson, Suite 600
Topeka, KS 66603-3714
Phone: (785) 296-3401
Fax: (785) 296-0151.

This request must have been submitted within 10 calendar days of your receipt of the statement of deficiencies. An incomplete IDR process will not delay the effective date of any enforcement action.

*If you have any questions concerning the instructions contained in this letter, **please contact Brenda McNorton** at the address and/or phone number shown above.*

Irina Strakhova
Enforcement Coordinator
Survey, Certification and Credentialing Commission
Kansas Department for Aging & Disability Services

iis

c: Brenda Mc Norton, Director of Fire Prevention Division, SFMO
Joe Ewert, KDADS, Commissioner of Survey, Certification and Credentialing Commission
Office of the Long Term Care Ombudsman